MARYLAND STATE DEPARTMENT OF EDUCATION – Office of Child Care CHILD CARE FACILITY PERSONNEL LIST/STAFF CHANGE FORM

<u>With Applications</u> submitted for Child Care Center Licenses/Letter of Compliances (OCC 1200), and Requests for Continuing Licenses/Letter of Compliances (OCC 672), complete and submit a list of all facility personnel, whether paid or unpaid, including volunteers who work at the facility on a routine basis, to the Office of Child Care (OCC), or as requested by the Office in accordance with COMAR 13A.16 - 18.03.05A.

<u>For staff changes</u>, complete with dates and submit to the Office of Child Care, within <u>5</u> working days **of adding or deleting an employee or staff member**. Include updated **OCC 1206** *Staffing Pattern*. **If new employee is paid**, ensure that the individual applied for a Criminal Background Check (CBC) on or before the actual date of employment. **As applicable**, within <u>15</u> working days of adding a new staff member, submit **OCC Form 1205** *Individual Personnel Information* with all required documentation to support the requested position.

| ame of Facility: | | Telephone #: | | | | | | | | | | |
|---|--|-------------------|-------------|----------------|------|------------------|----------------|-------------------|--|------------------|--|--|
| ddress: | | E-Mail Address: | | | | | | | | | | |
| | | | F | acility Person | nnel | | | | | | | |
| √ Box When Reporting Changes—▶ | ADD | DELETE | ADD | DELETE | ADD | DELETE | ADD | DELETE | ADD | DELETE | | |
| Name of Staff Member | 1 | | | | | | | | | | | |
| Requested Position Title * | | | | | | | | | | | | |
| If New Position $\sqrt{\square}$ | | | | | | | | | | | | |
| Date Hired | | | | | | | | | | | | |
| Date Applied for CBCs ** | <u> </u> | | | | | | | | | | | |
| Date OCC 1260 Release of | I | | | | | | | | | | | |
| Information Signed | | | | | | | | | | | | |
| Date of OCC 1204 Medical | <u> </u> | | | | | | | | <u> </u> | | | |
| Date of Staff Orientation | | | | | | | | | | | | |
| Date- Emergency Preparedness | | | | | | | | | | | | |
| Date- Medication Admin | | | | | | | | | | | | |
| Date First Aid Expires | <u> </u> | | | | | | | | | | | |
| Date CPR Expires | <u></u> | | | | | | | | | | | |
| Date No Longer Employed | | | | | | | | | | | | |
| Date of Dir's Reg. Training | <u> </u> | | | | | | | | | | | |
| Date of Aide Orientation | <u> </u> | | | | | | | | | | | |
| For OCC Use Only | | | | | | | | | | | | |
| Date FBI Received by OCC | | | | | | | | | | | | |
| Date State Received by OCC | | | | | | | | | | | | |
| Date Release Reviewed | | | | | | | | | | | | |
| Date Position Approved | | | | | | | | | | | | |
| Position Titles: Operator, Director, Volunteer, or Other (those who have On or before the first day of actual | e frequent cont | tact with childre | n in care). | | | ood Service Work | er, Clerical V | Vorker, Driver, C | ustodian, Su | abstitute and/or | | |
| gnature of Operator or Director | | | | - — Date | | | | | | | | |